



Senator Maria Cantwell



Working For Washington's Seniors

Dear Friend,

As the 108th Congress prepares to adjourn next month, I would like to take this opportunity to update you on what we've achieved for our nation's seniors over the last year, and where I think we have more work to do.

As you know, perhaps the most significant development in Congress for seniors over the past year was the passage of a Medicare prescription drug bill, which was subsequently signed into law by President Bush. This is a vitally important issue, and I continue to hear many questions from seniors about the confusing benefit. I hope this newsletter will help shed some light on the matter.

In addition to Medicare, I've been working hard on a number of other issues that concern older Washingtonians: reliable and affordable energy, veterans' access to health care, transportation, and Alzheimer's, among other subjects. I look forward to working with my fellow members of our state's congressional delegation and my colleagues on both sides of the aisle in the Senate on these and other issues of importance to our state's seniors. As always, I welcome your comments and opinions on any issue that is of concern to you.

Best wishes,

Maria Cantwell

Medicare Prescription Drug Card

I have held dozens of town hall meetings around Washington state to talk with seniors, and I hear a similar concern again and again: high prescription drug prices are placing a heavy financial burden on many of our seniors. That's why I'd like to take this opportunity to tell you about the new Medicare-approved drug discount card. Private companies began enrolling seniors in these card programs in May, and they took effect on June 1. These cards will be available until 2006.

If you are eligible for Medicare, you may be considering signing up for one of these new cards. However, the

process of enrolling and using the cards can be very confusing. You should be aware of the potential pitfalls as you make the important decisions of whether to enroll, and, if so, which card to choose. These cards do not offer a drug benefit — they are not insurance. The cards merely offer potential discounts of some level on some drugs.

As you may know, those with lower incomes may be eligible for extra assistance. While I did not support the final Medicare bill, I fought to ensure that this assistance would be available. If you are eligible to receive this extra assistance, then a Medicare-approved drug discount card may very well be a good choice. The low-income assistance will provide you with \$600 for prescription drugs purchased

You can contact Maria by calling one of her state offices:

Everett	Seattle	Spokane	Tacoma	Tri-Cities	Vancouver
(425) 303-0114	(206) 220-6400	(509) 353-2507	(253) 572-2281	(509) 946-8106	(360) 696-7838

through the card in 2004 and \$600 in 2005. Even if you qualify, there are still important things you need to know to help you choose the best card for your needs.

If you do not qualify for the extra assistance, a **Medicare-approved discount card may or may not be worthwhile to you.** You will need to evaluate the different discount cards that are available to determine the savings they will provide on your medications and the annual fee they charge. Even if you do those calculations, though, you should be aware that the drug prices – and the choice of drugs offered by a particular plan – may change after you are locked into your selected card.

Whatever choice you make, there are some important things you should know before you choose. To receive more information, you can call 1-800-MEDICARE or visit the Medicare web site at <http://www.medicare.gov>. Or, you can contact my office and I will be happy to send you my newsletter about the drug discount cards. I hope this information helps you make an informed decision about these Medicare-approved drug discount cards.

Finally, as you consider your options, you should be aware that Medicare prohibits people who are selling Medicare-approved drug cards from making unsolicited phone calls to you or from visiting your home. If someone tries to sell you a discount card over the phone or at your doorstep, you should report them by calling 1-800-MEDICARE, the fraud hotline at the Office of the Inspector General at 1-800-447-8477, or your local police department.

Medicare: Looking forward

I voted against the Medicare conference report that was passed by Congress last December because it fails to address a key threat to seniors and the viability of the Medicare program: the soaring cost of prescription drugs. On average, one out of every five dollars of every Social Security check to Washington state's seniors is spent on prescription drugs – and seniors with the most serious illnesses spend nearly 40 percent of their Social Security checks on prescription drugs.

One of the clearest ways that the bill does not rein in the overall increasing cost of prescription drugs – in addi-



tion to not allowing Medicare to negotiate for lower drug costs on behalf of its beneficiaries – is to put Pharmacy Benefit Managers (PBMs) in charge of running the new benefit for Medicare beneficiaries. PBMs are the companies that administer prescription drug benefits for a large employer, health care plan, or the government. PBMs negotiate with their clients an amount that the client will pay for a particular drug and, separately, negotiate a price that it will pay to a pharmaceutical company for the same

drug. Increasingly, a PBM will keep some or all of the difference between the two prices for itself. I have introduced legislation in the past to create transparency for PBMs – including an amendment adopted in the Senate's Medicare prescription drug bill but removed in conference – and I'll keep working on this issue.

In addition, the new law has shortcomings for cancer care, as well as for rural and low-income Medicare beneficiaries. I have heard from a number of state oncologists who are gravely concerned about the Congressional Budget Office's estimate that a new drug reimbursement formula will cut \$11.5 billion from cancer care.

Also, under the new law, 47,000 fewer seniors in Washington will not qualify for low-income protections because of the strict asset test in the bill and because of its lower qualifying incomes that affords low-income assistance only to those making below 150 percent of the poverty level.

Furthermore, we know that private plans – the basis of this new legislation – are not a real choice for seniors living in rural areas, and that eighty percent of the 9.3 million Medicare beneficiaries in rural counties live in areas that are not served by any Medicare managed care plan.

Many of us had worked for a bill that would lower drug costs, would include a prescription drug coverage that is comprehensive, simple to administer, guaranteed, stable, and based on the very best medical technology. And most importantly, we had hoped to create a benefit run through Medicare – program seniors understand and upon which they depend. It is my hope that my colleagues will agree to return to this issue and rewrite this law so that we can create a benefit worthy of America's seniors.

Fighting Energy Market Manipulation

In recent months, we have learned more about the extraordinary lengths that Enron went to in order to manipulate western energy markets. Audiotapes have surfaced in which the energy company's traders boasted of their misdeeds. One employee congratulated another for "all that money you guys stole from those poor grandmothers." The hard truth is that the company's rampant market manipulation stole from all of us: grandparents, families, small businesses, and public utilities. I am a ratepayer in Snohomish County, where fraudulent contracts will cost every single ratepayer \$420. I recently joined officials from the Snohomish Public Utility District (PUD) to show that Enron cost Snohomish schools \$2.5 million – enough to buy textbooks for 40,000 students!

Yet, incredibly, Enron is suing a number of utilities throughout the West for more than half a billion dollars. This includes a case against Snohomish PUD, which Enron is suing for \$122 million, claiming that the utility acted illegally when it ended a 2001 contract resulting from manipulative practices. I'll continue to work with Snohomish PUD and others to see that the Federal Energy Regulatory Commission finally takes action against Enron and other companies that manipulated markets. All ratepayers deserve to be protected from these egregious and illegal contracts.

Saving the Walla Walla VA Hospital

Many older Washingtonians are veterans. Of our state's nearly 700,000 veterans, more than 200,000 are over the age of 65, constituting more than 30 percent of Washington's total elderly population. For those older veterans who live in southeast Washington, last year brought some troubling news: the Administration's CARES Commission had proposed closing the Walla Walla VA hospital.

For many area veterans, such a decision would have meant facing a much longer drive to a care center or an even longer wait for an appointment. That's why I urged the Department of Veterans' Affairs not to follow the commission's short-sighted advice, and to keep the medical facility open. I sent letters to 3,000 veterans informing them of the proposal, and many of them signed a petition on my web site opposing it. I also submitted testimony to the commission's field hearing in Walla Walla. Sen. Patty Murray and I wrote to VA Secretary Anthony Principi and urged him to keep the hospital open.

In May, we received some great news: the VA had decided to keep the Walla Walla center open. I am thrilled by the commission's decision, and I'll keep working to make sure that all of Washington state veterans have access to the health care they deserve.

Improving Transportation For Seniors

I've heard from many seniors that they would like greater access to reliable and affordable transportation. There is a tremendous unmet need for transportation services for seniors – a need that will only become exacerbated as the number of older Americans doubles by 2030. Accessing necessary transportation services is difficult for many elderly people, particularly those who live in suburban and rural communities. Many older adults are reluctant to rely on friends and family even for their most essential transportation needs – access to health and social services – and the result is often increasing isolation and deterioration in health and quality of life.

That's why I have proposed creating a National Technical Assistance Center, which would work in collaboration with the Federal Transit Administration and the Administration on Aging to seek ways to improve access to transportation for our nation's seniors. The NTAC would



provide technical assistance and training to local communities and award planning and direct service transportation demonstration project grants. A key role of the center would be gathering best practices from all over the country, providing them to local communities, and working with teams from those communities to develop integrated senior transportation services.

My amendment to create this center was included in the Senate Transportation bill. A conference committee is working to resolve differences between this legislation and a bill passed by the House of Representatives. I'll work hard to see my proposal included in the final bill.

Seniors today are more active than ever before. Improving transportation options for seniors will help them remain active and involved in our communities. I look forward to continuing my work on this issue and I will keep you updated on my progress.

Fighting the Scourge of Alzheimer's

Alzheimer's disease wreaks havoc on the lives of many seniors and their families. The insidious nature of this disease robs its victims of their memories, their minds, and their quality of life. At the same time, it robs victims' families of the loved ones they knew. According to the Alzheimer's Association, more than 4.5 million Americans suffer from this disease, and as the Baby Boomer generation ages, that figure is expected to soar to 11.3 to 16 million people by 2050. In Washington state, more than 2,200 people died from Alzheimer's in 2002, up nine percent from the year before.

The recent passing of former President Ronald Reagan brought much-needed attention to Alzheimer's disease and its impact on seniors and their families. As we were reminded by the plight that faced President and Mrs. Reagan and their family, the typical person with Alzheimer's lives eight years after the onset of symptoms. This is an emotionally wrenching experience, and can be financially devastating as well. In fact, the average lifetime cost of caring for someone who suffers from Alzheimer's is \$175,000.

That's why I'm proud to co-sponsor the Ronald Reagan Alzheimer's Breakthrough Act of 2004. This legislation doubles funds for Alzheimer's research, creates a tax credit for costs borne by families as they care for their loved ones, and improves consumer protections for long-term insurance, among other things. By taking these steps, we can help those families who are impacted by Alzheimer's, and bring the dream of a cure closer to reality.



Working For You

In May, I heard from an Everett area senior whose husband had passed away in December 2003. In January, the Social Security Administration (SSA) told her that she could expect to receive her widow's benefit the following month. Yet five months later, despite numerous calls to SSA, she had yet to receive her benefits.

Frustrated, her son called my Everett office and asked if I could help. My staff responded immediately, and contacted SSA. Twenty days after contacting my office, payment was credited to her account.

I'm glad I was able to step in and help her resolve this difficult situation. Helping constituents is one of the most important and fulfilling parts of my work in the Senate. If you need assistance, please let me know. I'll do everything I can to help you get results.

To contact me by U.S. Mail: 717 Hart Office Building / Washington, DC 20510
e-mail: <http://cantwell.senate.gov/contact/> To get service help: <http://cantwell.senate.gov/services/>
To subscribe to my weekly email update: <http://gp1d.senate.gov/mailman/listinfo/cantwell-weekly-update>

Maria Cantwell
U.S. PRSRT STD

NON-FAMILY ABDUCTION
From: Tacoma, WA
Missing: 07/20/1995
DOB: 01/03/1992
Sex: Female
Height: 3 ft. 0 in.
Weight: 40 lbs.
Hair: Black
Eyes: Brown
Latoria Jones
NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN
1-800-843-5678
Age Progression



United States Senate
WASHINGTON, D.C. 20510-4705
OFFICIAL BUSINESS